

CENTRAL FAX CENTER

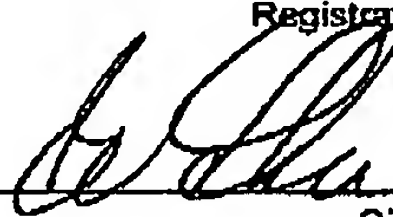
NOV 05 2004

PTO/SB/22 (08-04)

Approved for use through 7/31/2008. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 5478-8A.1																								
Application Number 10/076,499		Filed February 19, 2002																								
For PROTEIN AND LIPID SOURCES FOR USE IN AQUAFEEDS AND ANIMAL FEEDS AND A PROCESS FOR THEIR PREPARATION																										
Art Unit 1761		Examiner Sayala, Chhaya D.																								
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table><thead><tr><th></th><th>Fee</th><th>Small Entity Fee</th><th></th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$110</td><td>\$55</td><td>\$ 110</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$430</td><td>\$215</td><td>\$ 0</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$980</td><td>\$490</td><td>\$ 0</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1530</td><td>\$765</td><td>\$ 0</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2080</td><td>\$1040</td><td>\$ 0</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-0398</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR <u>26,375</u></p> <p> _____ Signature Ian Fincham _____ Typed or printed name</p> <p>_____ November 5, 2004 Date 613-234-1907 _____ Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>				Fee	Small Entity Fee		<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110	\$55	\$ 110	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430	\$215	\$ 0	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980	\$490	\$ 0	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1530	\$765	\$ 0	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2080	\$1040	\$ 0
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PTO/SB/17 (10-03)

Approved for use through 07/31/2005, OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**FEE TRANSMITTAL
for FY 2005**

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

\$110.00

Complete if Known

Application Number	10/076,499
Filing Date	February 19, 2002
First Named Inventor	David Higgs
Examiner Name	Sayala, Chhaya D.
Art Unit	1761
Attorney Docket No.	5478-8A.1

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:

Deposit Account Number 13-0398

Deposit Account Name McFadden, Fincham

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Credit any overpayments☐ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	790	2001	395	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND

Extra Claims		Fee from below		Fee Paid
Total Claims	-20** =		X	
Independent Claims	-3** =		X	
Multiple Dependent				

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	88	2201	44	Independent claims in excess of 3	
1203	300	2203	150	Multiple dependent claim, if not paid	
1204	88	2204	44	-- Reissue independent claims over original patent	
1205	18	2205	9	-- Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$) \$0.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non - English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	110.00
1252	430	2252	215	Extension for reply within second month	
1253	980	2253	490	Extension for reply within third month	
1254	1,530	2254	765	Extension for reply within fourth month	
1255	2,080	2255	1,040	Extension for reply within fifth month	
1401	340	2401	170	Notice of Appeal	
1402	340	2402	170	Filing a brief in support of an appeal	
1403	300	2403	150	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,370	2453	685	Petition to revive - unintentional	
1501	1,370	2501	685	Utility issue fee (or reissue)	
1502	490	2502	245	Design issue fee	
1503	660	2503	330	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR § 1.17(a)	
1806	180	1806	180	Submission of Information Disclosure Statement	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.128(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

\$110.00

SUBMITTED BY

Name (Print/Type) J. Fincham

Registration No. (Attorney/Agent)

26,375

Complete (if applicable)

Telephone

613-234-1907

Signature

Date

November 5, 2004

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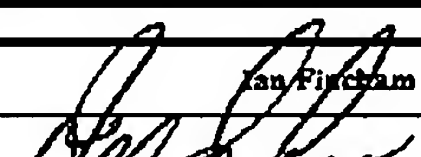
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TOTAL AMOUNT OF PAYMENT (\$)		Art Unit	1761
		Attorney Docket No.	5478-8A.1

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account:		Large Entity	Small Entity
Deposit Account Number	13-0398	Fee Code (\$)	Fee Code (\$)
Deposit Account Name	McFadden, Fincham	1051 130	2051 65
The Director is authorized to: (check all that apply)		Fee Description	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments		Fee Paid	
<input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)			
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Large Entity	Small Entity		
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1001 790	2001 395	Utility filing fee	
1002 350	2002 175	Design filing fee	
1003 550	2003 275	Plant filing fee	
1004 790	2004 395	Reissue filing fee	
1005 150	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)			
2. EXTRA CLAIM FEES FOR UTILITY AND			
Total Claims		Extra Claims	
Independent Claims		Fee from below	
Multiple Dependent		Fee Paid	
-20** = 0 X 0 = 0.00			
-3** = 0 X 0 = 0.00			
Large Entity		Small Entity	
Fee Code (\$)	Fee Code (\$)	Fee Description	
1202 18	2202 9	Claims in excess of 20	
1201 88	2201 44	Independent claims in excess of 3	
1203 300	2203 150	Multiple dependent claim, if not paid	
1204 88	2204 44	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)		0.00	
*or number previously paid, if greater. For Reissues, see above			
		Other fee (specify)	
		SUBTOTAL (3) (\$)	
		SUBTOTAL (3) (\$) \$110.00	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Jan Fincham	Registration No. (Attorney/Agent)	26,375
Signature		Telephone	613-234-1907
		Date	November 5, 2004

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